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TTY USERS CALL VIA MD RELAY

August 5, 2010

Renata Henry, Deputy Secretary  
Behavioral Health and Disabilities  
Co-Chair, Public Health, Safety Net and Special Populations Workgroup  
Via email

Dear Ms. Henry:

Thank you for agreeing to serve as a Workgroup Co-Chair for the Health Care Reform Coordinating Council. The workgroups will play an essential role in the work of the Council as it examines the options for health reform implementation in Maryland.

We thought it would be helpful to lay out how we envision the workgroup activities to support the Council's work and decision-making process. The Council will have four monthly meetings through the remainder of 2010. The September and October meetings will provide an opportunity for the workgroups to update the Council on their progress and to identify issues where the Council may need to provide direction. The goal is for the full Council to make draft recommendations by its November 8<sup>th</sup> meeting. We expect the workgroups to have completed their work by November 1 so that they can support the decision-making process of the Council.

The interim report describes the issues which should be the initial focus of each workgroup. We recognize that these issues are broad, and fully vetting all the options within each subject area may not be feasible within the limited timeframe. We encourage you to consider the broad questions as a framework and to begin to focus on the most immediate, specific issues that Maryland will need to address for successful implementation in the next 12 months, particularly the issues that require legislation during the 2011 session of the General Assembly. We caution you not to spend excessive time speculating about how the Federal government might issue guidance or discussing issues where the State has no decision to make.

In addition to those issues requiring recommendations for more immediate action, we ask the workgroups to identify, and where possible provide some analysis, of issues which will require further attention and decision-making. While the Council ceases to exist in its current form after January 2011, we anticipate the need for on-going leadership and coordination of health reform activities. In fact, the Council will need to address recommendations for an on-going structure to provide this necessary leadership for health reform implementation. We do not know what form that will take at this point, but we expect that workgroups will identify many issues that cannot be resolved in the short time period we have. We ask each of you to identify the on-going work that should be addressed by subsequent health reform coordination efforts.

The Council will use the input and guidance from the workgroups to make recommendations. By November 1, 2010 we ask that each workgroup provide the Council with a summary of its work. This summary should be developed by the Co-Chairs and staff and reflect the input from individuals who have contributed to the workgroup process. The paper should identify policy options that were considered and provide an analysis of each option, including advantages and disadvantages, potential cost and savings and impact on cross cutting issues. The workgroups should identify where there are common areas of agreement as well as summarize differing perspectives.

Health reform implementation is a significant task. It offers tremendous potential for positive transformation of our health system if we work together to preserve what works well in Maryland and to improve what does not. We urge each workgroup to think broadly and creatively about implementation and to encourage a productive dialogue among Maryland stakeholders.

Sincerely,



Anthony G. Brown  
Co-Chair  
Health Care Reform Coordinating Council



John M. Colmers  
Co-Chair  
Health Care Reform Coordinating Council

cc: Chuck Milligan  
Alice Burton

Attachments:  
Master Schedule  
Interim Report Workgroup Section